



P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884

STATEMENT OF INTENT TO RETURN HOME

Case Number: _____

Consumer Name: _____

The above-named person currently owns a home located at _____

_____ but is absent from the home because

He or she _____ intend to return to the home at some time in the future.
(does, does not)

Consumer Signature

Date

Responsible Person Signature
(If consumer is unable to complete form)

Date

Witness Signature
(if signed by a mark)

Date

Witness Signature
(if signed by a mark)

Date

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.